



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY

REGION V

230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

SEP 28 1982

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

HAMILTON WILL DIR PLT ENG  
C M W INC  
PO BOX 2266  
INDIANAPOLIS IN 46206  
FACILITY: 70 S GRAY ST  
LOCATION: INDIANAPOLIS IN 46201  
ID NO.: IND089263412

RE: TSD Notification without  
Part A Application

Dear Notifier:

The United States Environmental Protection Agency (U.S. EPA) has received your notification of hazardous waste activity. On that form, by checking the "treat/store/dispose" (TSD) box, you indicated that you are a hazardous waste management facility (HWMF). To date, however, we have no record of having received Part A application for a hazardous waste permit which is required for all HWMFs.

Federal regulations require owners and operators of existing HWMFs (installations which treat, store, or dispose of hazardous waste) to have submitted a Part A permit application to the Regional Administrator by November 19, 1980, in accordance with 40 CFR 122.22. This requirement applied to HWMFs which were in existence on or before November 19, 1980. New facilities (those established after November 19, 1980) are required to submit Part A and Part B of their permit application, and receive a Resource Conservation and Recovery Act (RCRA) permit before beginning physical construction.

If your facility treats, stores, or disposes of hazardous waste, then your facility is operating without a hazardous waste permit, in violation of Section 3005 of RCRA, as amended. This violation is considered serious by the U.S. EPA, and may subject you to Federal enforcement under Section 3008 of RCRA for past and continued non-compliance.

Please submit your completed Part A application to the address below within fifteen days of receipt of this letter:

RCRA ACTIVITIES  
P. O. Box A3587  
Chicago, Illinois 60690-3587

We are aware that some hazardous waste handlers may have marked the TSD box on the notification form as a precaution or as a result of misunderstanding the May 19, 1980, hazardous waste regulations. If you notified us as a TSD in error, or if your status as a treatment, storage, or disposal facility has changed, please advise us in writing immediately.

Please contact Arthur Kawatachi of my staff at (312) 353-2197, if you have any questions regarding this letter.

Sincerely yours,

*William H. Miner, Jr.*  
Karl J. Klepitsch, Jr., Chief  
Waste Management Branch



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• IND089263412 REACKNOWLEDGEMENT

C M W INC  
PO BOX 2266  
INDIANAPOLIS

IN 46206

INSTALLATION ADDRESS

70 S GRAY ST  
INDIANAPOLIS

IN 46201







W	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F002 23 - 26	2 F007 23 - 26	3 F009 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P029 23 - 26	32 P030 23 - 26	33 P098 23 - 26	34 P104 23 - 26	35 P106 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE CMW INC

*San A. Orr*

NAME &amp; OFFICIAL TITLE (type or print)

CMW INC  
EXEC. V.P. OPERATIONS  
DAN A. ORR

DATE SIGNED

8/14/80

MAY 27 1994

STATE OF INDIANA  
1993 HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM MAY 31 1994

RECEIVED  
WMD RECORD CENTER

EPA ID: IND089263412

NAME: CMW, INC

Change

Is the name change due to a change in ownership? ☐ yes ☐ no

LOCATION  
ADDRESS: 70 SOUTH GRAY STREET  
INDIANAPOLIS IN 46201

Change

Is the location address change due to a move or did the Post Office change your address?  
☐ We moved ☐ PO change ☐ Other (please explain in comments)

MAILING  
ADDRESS: PO BOX 2266  
INDIANAPOLIS IN 46206

Change

CONTACT:  
KARON HARRIS  
70 S GRAY ST P O BOX 2266  
INDIANAPOLIS IN 46206  
317-634-8884

Change Terry Flynn

OWNER:  
CMW INC  
70 S GRAY ST P O BOX 2266  
INDIANAPOLIS IN 46206

Change

COUNTY: MARION

\*\*\* HAZARDOUS WASTE ACTIVITY \*\*\*

	DEM	1993	FUTURE
Large Quantity Generator (LQG)			
Small Quantity Generator (SQG)		X	X
Conditionally Exempt (CEG)			
Transporter	S = for our own waste C = commercially		
Treatment, storage, & disposal (TSD)	X		
* NON HANDLER			
* OUT OF BUSINESS			
* ONE TIME GENERATOR			

\* If you have checked one of these categories, your EPA ID number will be deactivated and you will have to reapply for it if you ever need to manifest waste off-site again.

SIC CODES: 3643 PRIMARY 3993 SECONDARY

COMMENTS:

SIGNATURE:

DATE: February 25, 1994

OFFICE OF SOLID  
AND HAZARDOUS  
WASTE MGMT  
DEM  
FEB 28 9 11 AM '94

RECEIVED  
MAY 10 1994

U. S. EPA, REGION V

No other forms

# Wausau Insurance Companies

## HAZARDOUS WASTE FACILITY CERTIFICATE OF POLLUTION LIABILITY INSURANCE

Wausau Insurance Companies (name of Insurer), of 2000 Westwood Drive, (address of Insurer)

Wausau, Wisconsin 54401

hereby certifies that it has issued pollution liability insurance

covering bodily injury and property damage to CMW, Inc.

(name of insured)

(the "insured"), of P.O. Box 2266, Indianapolis, Indiana 46206

(address of insured)

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147.

The coverage applies at:

EPA Identification

Number

Name and address

(Show each facility separately)

IND089263412

Manufacturing Plant, 70 South Gray Street, Indianapolis, Indiana

IND089263412

Manufacturing Plant, State Road 421, Waldron, Indiana

for ( ) Sudden accidental occurrences ( ) Nonsudden accidental occurrences  
(X) Sudden and nonsudden accidental occurrences.

The limits of liability are \$ 2,000,000 Each Occurrence and \$ 4,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number 1924-04-061817 issued on 2-7-83. The effective date of said policy is 3-26-83.

2. The Insurer further certifies the following with respect to the insurance described in paragraph 1
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
  - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
  - (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
  - (d) Cancellation of the Insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
  - (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as excess or surplus lines insurer, in one or more States.

Special Provisions:

Issued to: U. S. EPA Region V  
RCRA Activities  
P.O. Box 7861  
Chicago, Illinois 60680

*Wayne M. Geurink*  
(Signature of Authorized Representative of Insured)

Wayne M. Geurink, Regional Casualty Underwriting Manager

(Type Name)

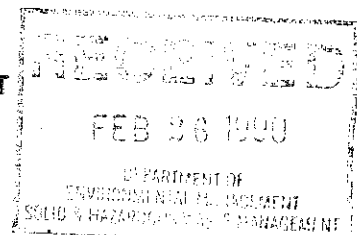
(Title)

Authorized Representative of  
Wausau Insurance Companies

70 East 91st Street, (Name of Insurer) P.O. Box 1187  
Indianapolis, Indiana 46206

**STATE OF INDIANA****BIENNIAL REPORT 1989**

CMW, INC  
70 SOUTH GRAY STREET  
INDIANAPOLIS  
GEN  
IND089263412

**FORM I: INSTALLATION IDENTIFICATION FORM**

**WHO MUST COMPLETE FORM I?** Every site that receives this package.

**INSTRUCTIONS:** Please refer to the specific instructions before completing all forms. The information requested herein is required by IC 13-7-8.5-2.

**I. INSTALLATION'S EPA I.D. NUMBER**

I N D 0 8 9 2 6 3 4 1 2

**II. NAME OF INSTALLATION**

CMW, INC

**III. INSTALLATION MAILING ADDRESS**

Street Or P.O. Box

P.O. BOX 12266

City Or Town

Indianapolis

State

IN

Zip Code

46206

**IV. LOCATION OF INSTALLATION**

Street Or P.O. Box

70 S. GRAY ST

City Or Town

INDIANAPOLIS

State

IN

Zip Code

46201

County

MARION

**V. HAZARDOUS WASTE ACTIVITY**

Mark the boxes that reflect the activities at your facility in 1989.

☐ Large Quantity Generator (G)  
generated 1,000 or more kg/month of RCRA  
hazardous waste

☒ Small Quantity Generator (SQG)  
generated between 100-1,000 kg/month of RCRA  
hazardous waste

☐ Conditionally Exempt Generator (CEG)  
generated less than 100 kg/month of RCRA  
hazardous waste

☐ Transporter (T)  
transported RCRA hazardous waste

☐ Treatment, Storage or Disposal Facility (TSD)  
operated under interim status or a final RCRA permit

☐ Non handler  
Did not handle RCRA hazardous waste because:

\_\_\_ We never generated

\_\_\_ We are out of business

\_\_\_ Only excluded or delisted waste

☐ RCRA Exempt  
treatment, recycling or disposal was conducted in  
RCRA exempt units

\_\_\_ Occasional generator (but none in 1989)

\_\_\_ Other (Specify in Comments)



Check to see if items II, IV, & V are identical to the information in the label on Form I. If not, please indicate why in the boxes below.

## VI. STATUS CHANGES

- ☐ a. We have moved.
- ☐ b. We have changed ownership.
- ☐ c. We have changed hazardous waste activity.

\*\* If any of the above three boxes are marked, you will need to fill out the EPA Notification of Hazardous Waste Activity Form, and return it with this packet.

- ☐ d. We have gone out-of-business.
- ☐ e. We no longer handle hazardous waste.

\*\* If you check either of these boxes, we will deactivate your EPA ID number and you may no longer use it without renotifying U.S. EPA, Region V.

- ☐ f. We have changed our name (but not ownership).

## VII. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE (See Table I)

(1) 3 6 4 3      (2) 3 9 9 9      (3)                  (4)            

## VIII. INSTALLATION CONTACT

Last Name HARRIS	First Name KARLON	Phone (area code & no.) 317/634-8884
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## IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

KARON HARRIS-Plant Engr. Tech.      Karon Harris  
(A.) PRINT OR TYPE NAME AND TITLE      (B.) SIGNATURE

2/20/90  
(C.) DATE SIGNED

Please print or type with ELITE type (12 characters per inch).